



Glasgow City Council

Wellbeing, Empowerment, Community and Citizen
Engagement City Policy Committee

Report by Interim Chief Officer, Glasgow City HSCP

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**West of Scotland Sexual Assault and Rape Service
Report on the Progress made in Developing a Regional Service**

Purpose of Report:

To advise on progress with the development of a model for the West of Scotland Sexual Assault and Rape Service which is hosted for the west region within NHS Greater Glasgow & Clyde. It will describe the future service and financial arrangements for implementation of the agreed service model.

Recommendations:

The Wellbeing, Empowerment, Community & Citizen City Policy Committee is asked to:

- a) Note the contents of this report and the efforts of staff across all Boards to secure the considerable progress made; and
- b) Note the financial contribution to be made on a recurring basis by NHSGGC from April 2021.

Ward No(s):

Citywide: ✓

Local member(s) advised: Yes No ✓

consulted: Yes No ✓

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1. Purpose

- 1.1 The purpose of this report is to advise on progress with the development of a model for the West of Scotland Sexual Assault and Rape Service which is hosted for the west region within NHS Greater Glasgow & Clyde. It will describe the future service and financial arrangements for implementation of the agreed service model.

2. Background

- 2.1 In March 2017 HM Inspectorate of Constabulary in Scotland issued its report 'Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime'¹. The report was heavily critical of the care and support provided across Scotland to people who have been raped and sexually assaulted. The report highlighted the Archway service as a good example of service delivery and care, and noted overwhelmingly positive feedback from both professionals and service users. However, it also noted that the service was not consistently available for significant periods of time (particularly overnight and at weekends). As a result of the findings of this report, the Scottish Government convened a Task Force for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault chaired by the Chief Medical Officer. The Task Force's vision, to be delivered by 2022, is:

Consistent, person-centred, trauma-informed healthcare and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland.

- 2.2 In support of the Task Force vision, Healthcare Improvement Scotland (HIS) published 'Standards in Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adults' in December 2017². The associated Indicators for service delivery were nationally agreed in March 2020 with which all boards must comply.
- 2.3 Chief Executives of each NHS Board were tasked with responding to and implementing 10 'asks' by the Taskforce, in order to ensure delivery of the vision. Progress made against each of these 10 'asks' for both adult & adolescent services and children's services are detailed in Appendix 1.
- 2.4 In order to facilitate service development across Scotland, the Scottish Government allocated £8.5 million non-recurring funding for both capital and revenue for 3 years until the end of March 2021. This came with an expectation that boards fund the continued service development and delivery beyond that point.

¹<https://www.hmics.scot/sites/default/files/publications/HMICS%20Strategic%20Overview%20of%20Provision%20of%20Forensic%20Medical%20Services%20to%20Victims%20of%20Sexual%20Crime.pdf>

²http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_services.aspx

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- 2.5 In June 2018, a national options appraisal was carried out to determine the future service model across Scotland. The outcome of this was a regional approach enabling services to be delivered in local health board areas but coordinated by regional (West, North and East) centres of expertise.
- 2.6 The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill has passed all stages and is being scheduled for enactment in 2021. The Bill seeks to place direct statutory functions on NHS Boards to provide forensic medical services and healthcare support to victims of rape and sexual assault, including those who have chosen not to report the crime to the police, or are undecided, but wish to undergo an examination and access healthcare support. Self referral service has been operational in the West of Scotland since Archway was established in 2007.

3. Context

Adults and Adolescents

- 3.1 Current service delivery within the West of Scotland (WoS) for women, men and young people aged 13-15 years, who have been raped or sexually assaulted is based in Archway, Glasgow. Archway provides medical services, counselling, and follow-on support, and ensures forensic integrity to support cases in the judicial process. The service is provided for adult and adolescent patients in NHS GG&C, NHS Lanarkshire, NHS Ayrshire & Arran, and NHS Highland (Argyll & Bute); and for adolescent police referrals and adult self referrals from NHS Dumfries & Galloway. A service is also delivered for patients who self refer from any area in Scotland.
- 3.2 NHS GG&C has previously experienced difficulties in recruiting and retaining doctors to work in the Archway service. To ensure an extended service was available over recent years, Custody and Offender Medical Services (COMS) were commissioned to provide significant out of hours cover with increasing reliance. COMS already provided forensic medical examination services for adults in other West of Scotland Boards, and for children in the GG&C area.

Children

- 3.3 Service delivery for Child Sexual Abuse (CSA) in children up to 12 years in the west of Scotland is delivered independently in each board area. NHS GG&C provides services for patients in Greater Glasgow and Clyde with a Service Level Agreement (SLA) in place for children from NHS Highland (Argyle & Bute). The Royal Hospital for Children in Glasgow (RHC) currently receives specialist tertiary referrals and therefore NHS GG&C will manage an element of CSA for other boards within the west region.
- 3.4 This service delivery model presents challenges due to the low volume but high risk activity and workload resulting in limited exposure and experience levels in a wide consultant paediatrician group across the west region. Expected retirements in the workforce over the next 5 years will add increased pressure to respective boards.

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- 3.5 Therapeutic and advocacy support was identified by the HIS Standards as limited across the west region with no clear route map as to what is available.
- 3.6 Delivery of CSA and Non Accidental Injury (NAI) examinations in the WoS are provided via a Joint Paediatric Forensic examination by a paediatrician and a Child Forensic Physician (CFP) when required. The CFP service is currently contracted by NHS GG&C on behalf of the west region to Custody Offender Medical Services (COMS). This is currently going through a tendering process to secure a future contract which should be concluded by the end of February 2021.

4. Adult and Adolescent Service Model

- 4.1 Scottish Government funding has secured a Service Manager post for the service, to operationally manage and lead service development and delivery across the west region, and to co-ordinate services for adults and adolescents. In addition there is responsibility for strategic development for children's services.
- 4.2 In response to the CMO Taskforce, A West of Scotland Regional Programme Board was established to strategically oversee the implementation of a regional programme to deliver consistent, person-centred, trauma-informed services, and to support continuous quality improvements to service delivery. An Implementation Group was also established to develop the Implementation Plan for the WoS service model, workforce plan, financial framework, capital works plan and operationalising the new facilities in the west region. The Implementation Group is led by NHS GG&C.
- 4.3 The West of Scotland service will be delivered through a hub and spoke model of care in new facilities which have been funded by the Scottish Government. Glasgow City HSCP has contributed additional funding to the development of the new forensic suite at William Street which will form the hub and centre of expertise for the regional service. It will have two forensic examination suites and will be the central location for operational management and service co-ordination across the region. Adult and adolescent patients from NHS GG&C and Argyll & Bute will be examined there. Patients from Lanarkshire, Ayrshire & Arran and Dumfries & Galloway will be offered the choice of examination locally in the new facilities at Wishaw University Hospital, Biggart Hospital (Prestwick) and Mountainhall Treatment Centre (Dumfries). Out of hours (2100 – 0900hrs) all patients will be examined in the Glasgow facility.
- 4.4 The new premises in Ayrshire and Arran and in Lanarkshire are ready for use and operational processes are being agreed across the boards to support service implementation. It is anticipated that the refurbished premises in William Street will be available late summer 2021.
- 4.5 The current model of service and 3 year activity data across the west region was reviewed to inform the agreed regional service model. The Implementation Group considered throughput, geographical data, time from referral to forensic examinations, the spread of cases seen throughout the day and throughout the week, and the proportion of cases examined by GGC medical staff or COMS. It was noted that a high number of people were examined out of hours due to the

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lack of a second examination suite within Archway. The outcome of this review informed the new service model as being:

- a core regional team based at the William Street centre of expertise which will consist of the regional Service Manager, a regional Clinical Lead, a regional Nursing Team Lead and Administrative support
- a clinical team comprising of one forensically trained nurse and one forensic medical examiner 24 hours per day, 7 days per week
- a second clinical team to allow peripatetic service provision to be delivered across the west region. Various options and workforce configurations were considered in developing a costed model with the focus on stabilising provision in each Board area.

4.6 An options appraisal process was carried out to consider the optimal arrangements for the second clinical team which would ensure appropriate cover across a large geographical area. Five options were appraised. From a clinical quality and best value perspective, and in terms of providing assurance to Boards across the region of compliance with the requirements of the CMO Taskforce and the HIS Standards, the preferred model was identified as an internally provided forensic medical examiner and one forensically trained nurse, 12 hours per day (0900 – 2100hrs), 7 days per week.

4.7 The agreed model resulted in changes to the existing workforce within Archway. NHS GG&C organisational change processes were followed. Additional medical and nursing staff are currently being recruited to support the new service model implementation in early 2021.

4.8 Individual Boards are tasked with having local arrangements in place to meet requirements for throughcare and emotional support (e.g. through nurse co-ordination, support worker and counselling arrangements). There is a further piece of work ongoing commencing to support this in all board areas

4.9 The peripatetic regional model of care for the WoS was approved in February 2020 by the Regional Programme Board and Regional Chief Executives. It was then financially approved in October 2020 by the Directors of Finance and Chief Executives across the west region.

5. Children's Service Model

5.1 Scottish Government funding has secured 0.2 wte Clinical Lead Role for the west Managed Clinical Network and 0.4 wte of the regional Service Management hours to support service delivery from a strategic perspective. Work completed to date has included the clear identification of operational managers within children's services with responsibility for delivery of CSA services in conjunction with the Clinical Leads in each board area. This will provide leadership to support the HIS standards and service developments in each board area.

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- 5.2 Due to the challenges for the paediatric workforce discussed at 3.4 above, an options appraisal process is underway with a view to agreeing a sustainable regional model of care delivery for children. This is at the early stages of the process and is expected to provide a 2-5 year plan of service delivery for the west region.
- 5.3 Scottish Government funding has secured the recruitment of a Child and Family support worker role on a pilot basis for 12 months. The post holder will initially map out current service availability and existing contracts, and identify areas for development and any workforce requirements across the region in partnership with the Health & Social Care Partnerships. They will then progress to implementing direct child and family advocacy support across the region. The pilot will be evaluated at 6 and 12 months with the findings shared nationally through the CMO Taskforce to inform services in all areas.

6. Finance

- 6.1 Funding has been made available from the Scottish Government (2018-19 to 2020-21) to develop the regional service models across Scotland. The funding received by Glasgow is as noted.

	2018 - 2019		2019 - 2020		2020 - 2021	
	Capital	Revenue	Capital	Revenue	Capital	Revenue
Staffing costs for service provision	0	93,000	0	450,000	0	757,250
Funding for colposcope procurement (x2)	0	0	0	0	0	0
Development of Regional Centre of Expertise at William Street	0	0	500,000	0	0	0
Delivery of children's services on behalf of the West of Scotland Health Boards	0	0	9,085	64,167	0	104,087
Total	0	93,000	509,085	514,167	0	861,337

- 6.2 Capital funding was provided to enable the development of the new facilities across the region:
- Greater Glasgow & Clyde - £500,000 for the William Street clinic (Glasgow City HSCP also committed an additional £1.3m to enable the full building to be refurbished)

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- Lanarkshire - £60,000 at Wishaw University Hospital
- Ayrshire & Arran - £250,000 at Biggart Hospital
- Dumfries & Galloway - £170,000 at Mountainhall Treatment Centre.

- 6.3 The allocation letters from Scottish Government to NHS Directors of Finance clearly stated that services must be maintained and funded by Health Boards beyond the period of the non-recurrent funding.
- 6.4 The WoS Regional model which has been proposed and endorsed by the West of Scotland NHS Chief Executives in February 2020, requires total funding of £1,726,571. The current budget for the Archway service (including incomes from WoS Boards) is £741,165; therefore there is a deficit of £985,406.
- 6.5 West of Scotland Health Board Chief Executives agreed that this funding would be provided by Boards; and that funding would be attributed on the basis of a percentage contribution to the overall costs in line with the percentage activity for the respective Board area. By way of illustration, on review of the activity from December 2018 – November 2019 the activity trend was noted as below.

Health Board	% activity	Recurring funding required
GG&C	57	£561,682
A&A	16	£157,665
Lanarkshire	19	£187,227
Highland (A&B)	3	£29,562
Dumfries & Galloway	0.5	£4,927
Other HBs (non WOS)	4.5	£44,343

- 6.6 It should be noted that, although the service model is a considerable improvement on current service provision, and meets the majority of the CMO 'asks' as well as the HIS Standards, it is not fully compliant as there should be full peripatetic provision 24/7.

7. Further Developments

- 7.1 In agreement with the Lord Advocate the CMO Taskforce has funded a 23 month pilot for nurse led forensic examinations to test the efficacy and legal standing of nurses providing leading evidence in court. This is being hosted in the WoS service by NHS GG&C. If the pilot has a positive outcome and nurse evidence is legally accepted there are opportunities for future service model delivery. The pilot is due to commence in January 2021.

8. Policy and Resource Implications

Resource Implications:

Financial:

Implementation of the service model will be funded by West of Scotland Health Boards once

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Scottish Government non-recurring funding ends in March 2021.

Legal: None

Personnel: Any implications will be managed through NHS GGC Workforce Change policy

Procurement:

Council Strategic Plan: The Implementation Plan aligns to cross cutting theme 'A Healthier City' in the Council Strategic Plan 2017-22 (priority 38).

Equality and Socio-Economic Impacts:

Does the proposal support the Council's Equality Outcomes 2017-21

In developing this new service model we will aim to ensure services are equalities sensitive and targeted appropriately.
In line with policy, an assessment of the impact of any service changes on protected characteristic groups is underway

What are the potential equality impacts as a result of this report?

Positive impact – improved choice for service users, services provided closer to home area, increased access to services.

Please highlight if the policy/proposal will help address socio economic disadvantage.

Sustainability Impacts:

Environmental: None

Social, including opportunities under Article 20 of the European Public Procurement Directive: None

Economic: None

Privacy and Data Protection impacts: None

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9. Recommendations

9.1 The Wellbeing, Empowerment, Community & Citizen City Policy Committee is asked to:

- a) Note the contents of this report and the efforts of staff across all Boards to secure the considerable progress made; and
- b) Note the financial contribution to be made on a recurring basis by NHSGGC from April 2021.

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**Appendix 1
Progress against the 10 'Asks'**

	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
1	Nominate a senior manager from each board to take leadership responsibility for the development of person centred, trauma informed services to victims of sexual crime.		All Boards in West Region have identified clinical and managerial leads.		All Boards in West Region have identified clinical and managerial leads.	
2	Move forensic medical examinations out of police settings and in to appropriate health and social care settings before the end of the financial year.		All forensic examinations in the West Region are now completed in appropriate health and social care settings.		All forensic examinations in the West Region are now completed in appropriate health and social care settings.	

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
3	Ensure that all doctors undertaking this work are trained in trauma informed care for victims of sexual crime before the end of the calendar year.		All doctors in the West Region have undertaken the appropriate training.	There have been delays due to COVID with continued training for new members into teams across the West Region. Work is in progress to deliver this via online platforms for the future.	All doctors in the West Region have undertaken the appropriate training.	There is ongoing review of future training models for trauma informed care for paediatric services. Current advances in this field has had a focus on adult services to date. Discussions are ongoing with NES in relation to future plans.
4	Consider options for attracting and retaining the workforce needed to meet the HIS standards. For example, separating the forensic medical examination of victims of		WoS Sexual Assault Service is delivered in the main by staff employed to work solely in Sexual Assault Services and not within police custody. D&G are actively progressing the	Future recruitment into posts for the new peripatetic model utilising facilities in GG&C, Lanarkshire and A&A is commencing with clear identification of female only applicants.	WoS CSA Service is delivered by paediatrics within Board areas. These doctors are in the main female in all Board areas. Forensic service delivery is through contracted services.	There is ongoing review of the service model of delivery for CSA care across the region. It is noted due to the number of cases of acute CSA experience of managing such cases is variable. An options appraisal process has been

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
	sexual crime from police custody work.		appointment of female doctors in their service delivery model, which does also include an element of police custody work for practitioners.	Medical posts are advertised with nursing posts going through redeployment then out to advert. The aim for implementing this model, with successful recruitment, is the end of January 2021.		commenced in relation to the potential service models across the region. Further meeting with clinicians and respective management teams to determine the next steps within this process is on the 23 rd November.
5	Work towards having an appropriately trained nurse present during forensic medical examinations.		An appropriately trained nurse is present in all examinations covering GG&C, A&A and Lanarkshire. D&G currently do not have nurses present.	D&G are currently training four nurses to support this role in the future.	This is currently not required within children services due to two doctor examinations	
6	Ensure timely delivery of the multi-agency objectives set		Capital projects in D&G, Lanarkshire and	Operational meetings in preparation for commencing service	Refurbishing of the children's wards in Lanarkshire and A&A supports this work.	

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
	out in the costed local improvement plans, including Board approved capital projects.		A&A are complete. GG&C is expected to commence in January 2021 with an expected completion date June 2021.	delivery in the sites in A&A and Lanarkshire are ongoing. Focus areas for effective care delivery are: <ul style="list-style-type: none"> • Standard Operating Procedures. • Security and preparation for delivery of care for police referrals and Self-Referrals. • Management and utilisation of IT systems across all sites with a rotating peripatetic team. • Communicate processes in new service across all Boards with internal and external stakeholders. 		
7	Develop the local (and where appropriate, regional) workforce		Service delivered across GG&C, A&A, and Lanarkshire by an all-female	D&G actively recruiting female medical workforce where possible and currently training four nurses in	Children's services are delivered in the main by female doctors and requests for choice of sex of staff in this service is very rare but can be met where required.	

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
	<p>model to ensure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A female doctor and nurse chaperone are available 24/7, so that where a victim requests a choice of the sex of staff involved in their care, this can be met. <input type="checkbox"/> A nurse coordinator(s) is in post to ensure a smooth pathway of onward care and referral to other services. <input type="checkbox"/> Timely access to therapeutic and through care services. 		<p>nursing and medical workforce. D&G have a mixed medical workforce but aim to accommodate the requests of all patients. There is no nursing presence currently.</p> <p>Current service delivery through the central hub in Glasgow supports the nurse coordinator role for all board areas and reports into relevant onward care services.</p>	<p>support of nursing presence.</p> <p>With the advent of the peripatetic model Lanarkshire and A&A are developing their model of nurse coordinator to support the new peripatetic service. D&G will support this with the newly trained nursing support in the future.</p> <p>In line with the regional peripatetic model A&A, Lanarkshire and D&G are developing their access routes to therapeutic care in the relevant board areas. This will initially be supported by the Support</p>	<p>This is not currently a required post within children’s services.</p> <p>Therapeutic support and after care services for children and their families is nationally noted not to be easily accessible or readily available requiring future ongoing development.</p>	<p>Ongoing review of the Children’s service model will continue to consider whether there is a need for this role in the future</p> <p>An appointment has recently been made to the role of Child and Family Support Worker for the West Region as a pilot post in assisting to scope service availability, requirement and development across the west for children</p>

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
			Support worker supporting all boards is in post ensuring ease of access to therapeutic and through care services. This post is currently part time and will be progressing to full time on the 9th November 2020.	worker in the Glasgow hub.		and families. Start date is awaited.
8	Prepare for forthcoming legislation; the introduction of a national model for self-referrals and the potential for an increase in demand for these services.		Self-Referrals are currently managed through the service within the West Region. With the implementation of the new sites and the additional suite in Glasgow in June the	With new sites in Lanarkshire and Ayrshire work is ongoing to ready the sites to manage self-referral cases as well as police referral cases. Main area of review is the security requirements in the units which had not been factored into	Not relevant for children's services.	

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
			service will have four facilities available instead of one for the region and increased medical and nursing workforce to support access and potential increased demand.	the initial scoping and specifications.		
9	Ensure there is readiness within local and regional delivery teams for compliance with agreed national documentation and data collection requirements.		The adult national forms are being commenced on the 24 th November and all staff are attending the education roadshows in advance of this. Clinical and management teams are actively engaged in	The West Region is unique in that adolescents age 13-15 inclusive are managed effectively through adult services. Work is ongoing ensuring the appropriate care needs are delivered while supporting the data collection requirements for children's services	The Children and Young Persons form is commencing on the 24 th November and all staff are attending the education roadshows in advance of this. Clinical and management teams are actively engaged in supporting implementing of the national IT system which is planned to be in place by March 31 st 2021.	

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	Asks	Status	Adult /Adolescents	Work Ongoing	Children	Work Ongoing
			supporting the implementation of the national IT system which is planned to be in place by March 31 st 2021.			
10	Plan for service sustainability beyond the life of SG ring-fenced funding (end of 2020-21).		Agreement has been reached across the West Region, with the Board Chief Executives and Directors of Finance, for funding of the ongoing service requirements in a recurring plan.		Agreement has been reached across the West Region, with Board Chief Executives and Directors of Finance, for funding of the ongoing service requirements in a recurring plan.	